

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

REMARKS, FILE

05 MAR 2007

FILING DATE

31 AUG 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			/			
4		0	/			
5		0	/			
6		0	/			
7		0	/			
8		0	/			
9	/		/			
10		0	/			
11		0	/			
12		0	/			
13		0	/			
14		0	/			
15		0	/			
16		0	/			
17	/		/			
18	/		/			
19	/		/			
20		2	/			
21		2	/			
22		0	/			
23		2	/			
24		2	/			
25		2	/			
26		0	/			
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/	0	/			
32	/		/			
33	/		/	0		
34	/		/	0		
35	/		/	0		
36	/		/	0		
37	/		/	0		
38	/		/	0		
39			/			
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	13		7			
TOTAL DEP.	30		13			
TOTAL CLAIMS	43		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY